SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery
-	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
	ik, "
Mark Edwin Lavfield	
427 E. Magnolia # 39 1100	
Auburn, AL 36830 LE DIST	3. Service Type
	Gertified Mall  Express Mail
, and I chow all	☐ Registered ☐ Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
elow861 918 06 Samuel	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7 🗆 🖸	3 1820 0002 3461 3738
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540